

Prepared by and return to:

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Attorney at Law
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021091

WARRANTY DEED

Thomas Nelson George, a Single Person
GRANTOR

to:

Kyle P. Tate and wife, Hope B. Tate
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, Thomas Nelson George, a Single Person does hereby sell, convey, and warrant unto Kyle P. Tate and wife, Hope B. Tate, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, being more particular described as follows, to wit:

Lot 107 and 108, Section A, Phase I, The Plantation Subdivision, in Section 22 & 27, Township 1 South, Range 6 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 36, Pages 33-41, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Grantor's lawful spouse, Dorothy Graft George, departed this life on NOVEMBER 1, 2001 while an adult resident citizen of DE SOTO County, MS as evidenced by the attached death certificate.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivisions and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record, in the office of the Chancery Court Clerk of DeSoto County, Mississippi, including, but not limited to, Plat Book 36, Page 33-41, Book 260, Page 139 Book 310, Page 190, Page 354, Page 600, Book 289, Page 279.

Taxes for the year 2002 are to be paid by Grantor and possession is to be given with receipt of Deed.

WITNESS the signature of the Grantors, this the 12th day of December, 2002.


Thomas Nelson George

STATE MS.-DESOTO CO.
FILED

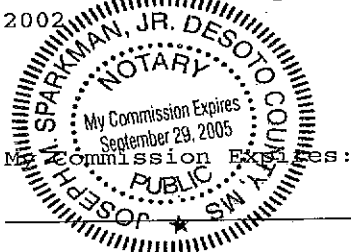
DEC 13 9 16 AM '02

BK 434 PG 3
W.E. DAVIS CH. CLK.

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said State and County aforesaid, the within named Thomas Nelson George, a Single Person, who acknowledge that he executed and delivered the above foregoing Warranty Deed on the day and year therein mentioned as his free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 12th day of December, 2002



[Signature]
Notary Public

GRANTOR'S ADDRESS:

619 Charleston Court #202
MARTIN 38103
Work Phone #: 901 544-3130
Home Phone #: 662-746-4020

GRANTEE'S ADDRESS:

9314 Longwood
Olive Branch, Mississippi 38654
Work Phone #: 901-331-6464
Home Phone #: 901-331-6464



STATE FILE NUMBER
BK 0434 PG 0005
TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE
NUMBER

BK 0434 PG 0005

PE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) Dorothy G. GEORGE				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) November 1, 2001							
4. SOCIAL SECURITY NUMBER (of Decedent) 428-92-2063		5a. AGE-LAST BIRTHDAY (Years) 59		5b. UNDER 1 YEAR MO. DAYS 1 1		5c. UNDER 1 DAY HOURS MIN. 1 1		6. DATE OF BIRTH (Month, Day, Year) Nov 25, 1941		7. BIRTHPLACE (City and State or Foreign Country) Rolling Fork, MS.			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)									
9b. FACILITY NAME (If not institution, give street and number) Baptist East				9c. CITY, TOWN, OR LOCATION OF DEATH Memphis				9d. COUNTY OF DEATH Shelby					
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Thomas George		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Teacher				12b. KIND OF BUSINESS/INDUSTRY Education					
13a. RESIDENCE-STATE MS		13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Olive Branch				13d. STREET AND NUMBER OR RURAL LOCATION 9314 Longwood St.					
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38654-1646		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				15. RACE-American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4			
17. FATHER'S NAME (First, Middle, Last) Frederick Bogard Graft				18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Louise Corley									
19a. INFORMANT'S NAME (Type/Print) Thomas George				19b. RELATIONSHIP TO DECEASED Husband		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9314 Longwood St. Olive Branch, MS 38654-1646							
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Glenwood Cemetery				20c. LOCATION-City or Town, State Yazoo City, MS 39194					
21a. SIGNATURE OF FUNERAL DIRECTOR Lee Murphy				21b. LICENSE NUMBER OF FUNERAL DIRECTOR 5205		21c. SIGNATURE OF EMBALMER Lee Murphy		21d. LICENSE NUMBER OF EMBALMER 5204					
22a. NAME AND ADDRESS OF FUNERAL HOME Memphis Funeral Home Poplar P.O. Box 17069 Memphis, TN 38187-0069				22b. LICENSE NUMBER OF FUNERAL HOME 416									
23. REGISTRAR'S SIGNATURE Mary Ann Shadlock Deputy				24. DATE FILED (Month, Day, Year) NOV 09 2001									
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN Albert Chinn M.D.				25b. LICENSE NUMBER MD10333		25c. DATE SIGNED (Month, Day, Year) 11-9-01							
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)							
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Albert Chinn, M.D. 6025 Walnut Grove Suite 500 Memphis, TN 38120													
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Hypoxic Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF): b. Lymphomatous Spread of lung CA DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												Approximate Interval Between Onset and Death	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Stage IV metastatic lung CA													
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide				31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED			
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									

INSTRUCTIONS
FOR USE BY PHYSICIAN OR MEDICAL EXAMINER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING THIS CERTIFICATE MUST COMPLETE AND SIGN LOCAL CERTIFICATION WITHIN 48 HOURS.

INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH